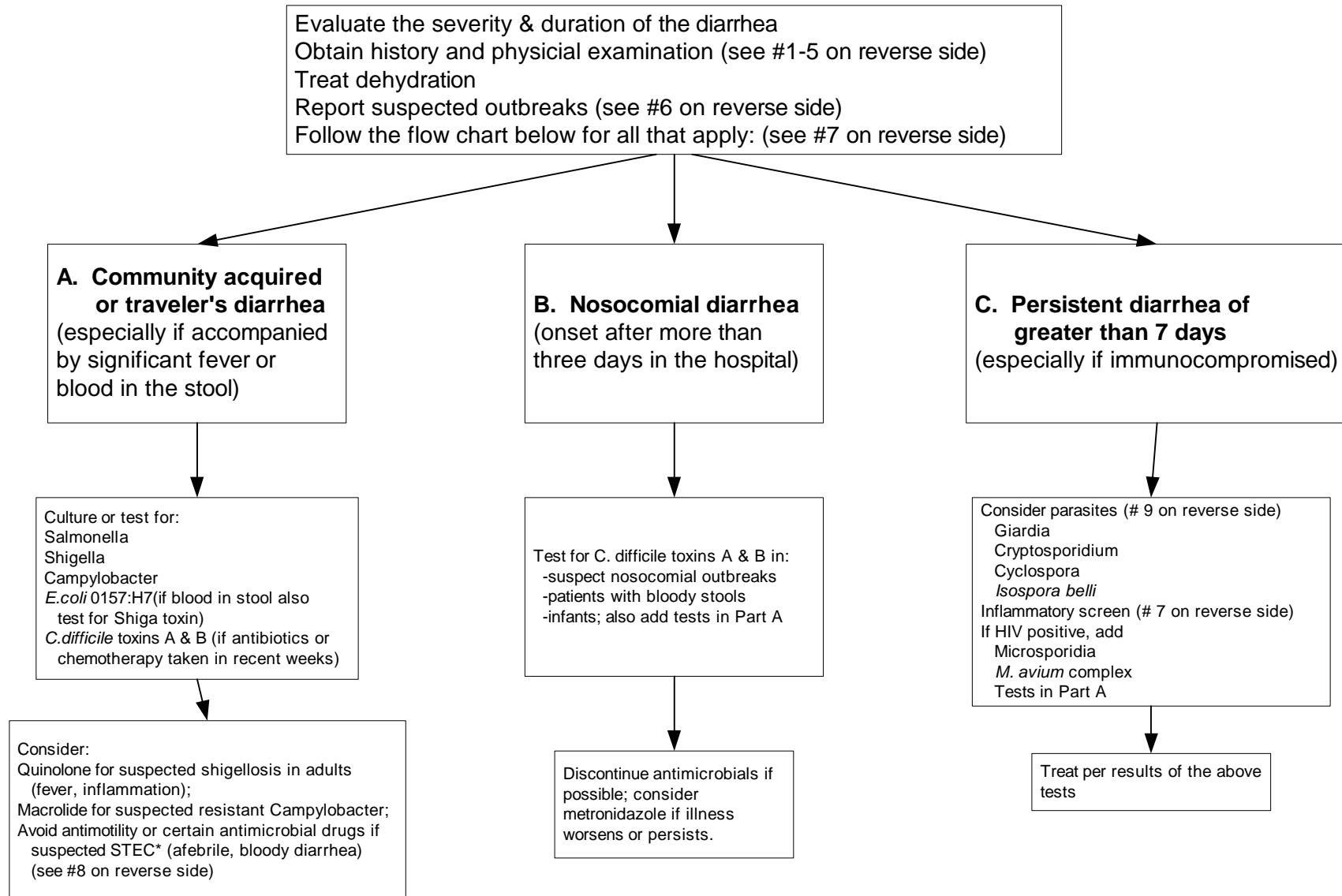


Infectious Diarrhea Management Guideline

Washington State Clinical Laboratory Advisory Council
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FOR EDUCATIONAL PURPOSES
ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.



*STEC (Shiga toxin-producing *Escherichia coli* 0157)

Recommendations for the diagnosis and management of diarrheal illnesses:

1. Seafood or seacoast exposure should prompt culture for *Vibrio species*.
2. Traveler's diarrheal illnesses that have not responded to empirical therapy with a quinolone or trimethoprim-sulfamethoxazole should be managed with the guideline on the front page.
3. Persistent abdominal pain and fever should prompt culture for *Yersinia enterocolitica* with cold enrichment. Right-side abdominal pain without high fever but with bloody or nonbloody diarrhea should prompt culture of Shiga toxin-producing *Escherichia coli* (STEC) 0157.
4. Proctitis in symptomatic homosexual men can be diagnosed with sigmoidoscopy. Involvement in only the distal 15 cm suggests Herpes virus, gonococcal, chlamydial, or syphilitic infection; colitis extending more proximally suggests *Campylobacter*, *Shigella*, *Clostridium difficile*, or chlamydial (LGV serotype) infection, and noninflammatory diarrhea suggests giardiasis.
5. Postdiarrheal hemolytic uremic syndrome (HUS) should prompt testing of stools for STEC 0157 and for Shiga toxin.
6. Fecal lactoferrin testing or microscopy for leukocytes can help document inflammation, which is often present in invasive colitis with *Salmonella*, *Shigella*, or *Campylobacter*; with more severe *C. difficile* colitis, and with inflammatory bowel disease.
7. Some experts recommend avoiding administration of antimicrobial agents to persons in the United States with bloody diarrhea.
8. Commonly used tests for parasitic causes of diarrhea include fluorescence and EIA for *Giardia* and *Cryptosporidium*; acid-fast stains for *Cryptosporidium*, *Cyclospora*, *Isospora*, or *Mycobacterium species* (as well as culture for *Mycobacterium avium* complex); and special chromotrope or other stains for microsporidia.
9. Isolates should be reported to local health department as required. Consider saving culture plates and isolates and freeze whole stools or swabs at -70°C .

Reference:

IDSA Guidelines: Clinical Infectious Diseases 2001;32:331-351. Dr. Richard Guerrant, Div of Geographic & international Medicine
University of Virginia